



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Guido Gentner et al.
Appl. No.: 09/682,331
Conf. No.: 6792
Filed: August 21, 2001
Title: CONTROL METHOD AND OPTICAL DATA TRANSMISSION PATH FOR
COMPENSATING CHANGES IN SRS-INDUCED POWER EXCHANGE
Art Unit: 2633
Examiner: Agustin Bello
Docket No.: 112740-278

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE UNDER 37 CFR §1.116

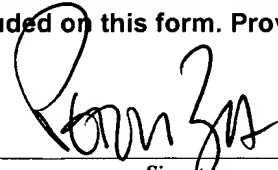
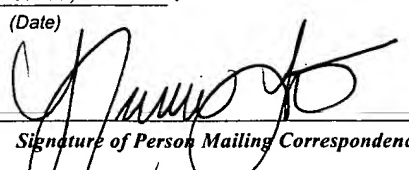
Sir:

In response to the Office Action dated August 24, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.

2FW AF

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 112740-278	
Applicant(s): Guido Gentner et al.					
Application No. 09/682,331	Filing Date August 21, 2001	Examiner Agustin Bello	Customer No. 29177	Group Art Unit 2633	Confirmation No. 6792
Invention: CONTROL METHOD AND OPTICAL DATA TRANSMISSION PATH FOR COMPENSATING CHANGES IN SRS-INDUCED POWER EXCHANGE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 Signature					
Peter Zura Reg. No. 48,196 Customer No. 29177					
Dated: November 23, 2005					
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">November 23, 2005</div> <div style="text-align: center; margin-bottom: 5px;">(Date)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="text-align: center; margin-bottom: 5px;">Heather Foster</div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>					
CC:					